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THE EFFECTS OF BIBLIOTHERAPY ON DEPRESSED  
BEHAVIOR IN PRISON INMATES

by

Thomas R. Zentner

B.A., Wisconsin State University, Eau Claire, 1969

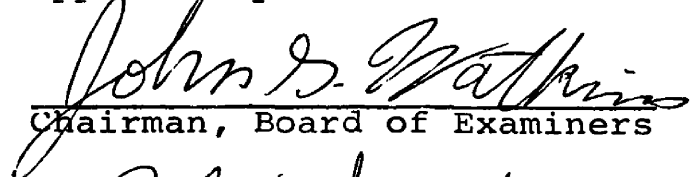
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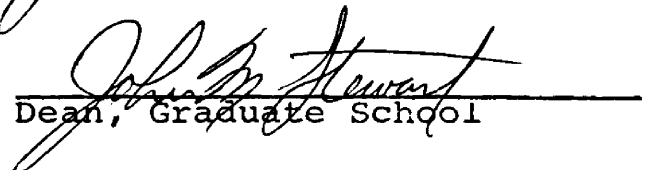
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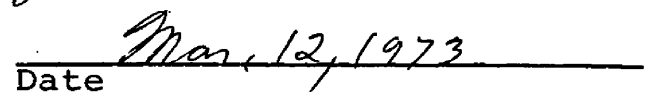
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## CHAPTER I

### INTRODUCTION

What is to be gained by studying the field of bibliotherapy? Reading printed material is a part of everyone's life. Few would argue that the reading of books, newspapers, or magazines has a definite effect upon how people view the world. The process of learning through reading begins in childhood and continues throughout adult life. Since reading influences not only thought processes but also behavior, it then becomes an area of interest to the psychologist. Prescribed reading or bibliotherapy can become a useful tool in the treatment of emotional disorders. Bibliotherapy has the advantage of actively involving the patient in the therapeutic process. It requires that the patient and the therapist commit themselves to learning as much as possible from the readings. With the increasing demands being put upon psychologists, bibliotherapy has the advantage in economy of the therapist's time. The possible therapeutic rewards of having the patient becoming aware of his problems through bibliotherapy warrant further research in the area.

The author of this paper developed an interest in bibliotherapy when he noticed the positive effect prescribed reading

had on some of his patients. However this assigning of readings was done informally and unsystematically. The need for research on this topic became apparent. After reviewing the sparse literature on bibliotherapy, impetus for the present study was increased. The great bulk of research in the area is not being done by psychologists but rather by librarians and physicians. The review of literature section will show that most of the research on bibliotherapy deals with prescribed reading programs in medical and psychiatric hospitals. Before turning to this relevant literature, a review of historical definitions for bibliotherapy will be presented.

Bibliotherapy has been defined by Bryan (1939) as "the prescription of reading materials which will help develop emotional maturity and nourish and sustain mental health." This early definition indicates that bibliotherapy was seen not only as a potential cure for emotional problems but also as a means of prevention. A very broad definition of mental hygiene literature has been given as "any reading material designed to maintain, improve, or restore emotional adjustment" (Tyson, 1948). Bibliotherapy has also been defined as "a means of psychotherapy through reading" (Gottschalk, 1948). Bryan (1938) and Menninger (1938) recognized that if bibliotherapy was ever to achieve scientific acceptance, it would have to develop a methodology of study. Both authors stressed the importance of accumulating a body of experimental evidence



from which conclusions could be drawn. They urged their readers for more research in the area and suggested that bibliotherapy be conducted on a scientific plane.

Gardner (1938) published an anecdotal paper on the prescription of literature and the effects of reading on an institutionalized group of mental patients. He suggested that paranoid psychosis and depressed patients should be prescribed impersonal-type reading. Stories of suicide were to be avoided according to Gardner. He felt that the best kind of books for depressed patients were those dealing with overcoming obstacles in life. Through his experience, the author found that moderate or severe manics gained little from bibliotherapy. "Realistic" books were recommended for early schizophrenics in order to keep them in contact with reality.

In another early study, again based on observation and personal experience, Menninger (1938) attempted to evaluate the effects of prescribed reading as a therapeutic measure in a psychiatric hospital. The merits of his study do not lie in its sophistication of measurement, but rather in its clear delineation of the role of the physician, the purpose of bibliotherapy and the mechanisms that might be involved in it. Menninger stated his reasons for prescribing reading to psychiatric patients as: (1) to give the patient information about himself or his family, (2) to give the patient insight into his own difficulties, and (3) to aid the parent in cases

involving child management. The factors he found important to consider when prescribing literature were present therapeutic needs, education, background of the patient, intelligence level, individual interests, sex, and occupation. The author did not elaborate on the role these factors might play in affecting the results of bibliotherapy. Like Gardner, Menninger drew some general conclusions concerning the advisability of bibliotherapy. Religious reading was stated as being detrimental to the patient. Mental hygiene literature was generally inadvisable for psychotic patients or those with obsessional neuroses and anxiety states. The author felt that bibliotherapy would have positive effects on mild neurotics, alcoholics, and intelligent neurotics if used as an adjunct to psychotherapy.

In a somewhat more systematic study (Morrow, 1959) asked the following two questions: (1) do psychiatric or non-psychiatric patients read more psychological literature, and (2) do these groups indicate different degrees of feelings, and attitudes toward such literature? The impetus of the study started from an article in Life magazine, January 7, 1957, which described mental illness. The study took place in a Veteran's Administration general medical and surgery hospital. Fifty-six "not grossly disturbed" psychiatric patients and eighty-four patients from the medical, surgical, and rehabilitation wards were selected as subjects for the experiment. The two groups were equated for age,

educational level, and stay in the hospital. A ten item questionnaire was developed to answer Morrow's initial questions about psychological literature. When asked if they enjoyed reading psychological literature 68% of the psychiatric group and 67% of the non-psychiatric group answered affirmatively; 84% of the first group and 72% of the second group felt reading such literature helped. Both groups were asked if they were interested in reading psychological literature before coming to the hospital. Of the psychiatric Ss 72% answered affirmatively and 68% of the non-psychiatric Ss answered affirmatively. When asked if they intended to continue such reading, 63% of the psychiatric Ss and 66% of the non-psychiatric Ss felt they would. The author explains this drop in interest of the psychiatric group by stating that they were looking for a quick answer to their problems and didn't get it. Hence, they may have lost faith in its effectiveness. When asked if the Life article had answered some personal problems, 53% of the psychiatric patients and 38% of the non-psychiatric patients answered yes. These last findings conflict with the author's statement regarding loss of faith in the effectiveness of reading.

On the basis of informal research (Gottschalk, 1948) a report was made on prescribed reading in a hospital setting. As is often the case in bibliotherapy research, the author gave no experimental evidence to support his conclusions. He

delineated the following ways that prescribed reading may help a patient: (1) It may help the patient understand better his own psychological reactions to frustrations and conflict. (2) Prescribed reading may help a patient understand the terminology used by his psychologist and hence improve communication. (3) It may help release the expression of some problem that the patient might not otherwise talk about. (4) It may help the patient to think constructively about his problems between interview. (5) It may help enlarge the patient's areas of general interest. Finally, (6) prescribed reading may help reinforce the existing social and cultural patterns which will lead to better adjustment. Individuals that seemed most suitable for bibliotherapy according to Gottschalk were those who already had a habit of reading and have a good intellectual ability. If reading is prescribed with the specific needs of a particular life epoch in mind, age apparently makes little difference in effectiveness. The author found that neurotic patients were better candidates for bibliotherapy than were psychotic patients.

There has been some research on the effectiveness of bibliotherapy through the use of group discussion (Allen, 1946; Lazarsfeld, 1949). Lazarsfeld observed that many patients in a psychiatric hospital would ask her to read a particular book because it explained exactly their problem. As a result of this observation, the "fiction test" was

developed. This test involved gaining and holding the attention of a patient on why certain books impressed him so much. The result of this procedure, according to Lazarsfeld, was that the patient became aware of things in his personality that he hadn't been aware of in the past. An attempt was made to put this procedure to an experimental test. An unspecified number of subjects were selected from the hospital population and were asked to read The Dark Flower by Galsworthy. The book depicts a man's love affairs with four different women: (1) his first love, (2) his mature years (3) marital romance and (4) the love of a young girl when he was old. Through group discussion, observed by the author, it was found that the choice of all subjects corresponded to the episode nearest their own age. The group was then asked what fairy tale they remembered best from childhood. The group decided that Anderson's "Little Mermaid" was the best remembered. Each individual was then asked to describe the fairy tale and it was found that those parts most vividly recalled were characteristic of the most salient parts of that subject's personality. The author did not elaborate on how these salient parts were originally identified or what implication these findings might have.

Allen, (1964) used group discussions based on reading as an approach to therapy in a general hospital. The "bibliotherapeutic laboratory" met twice a month and book reviews were presented by selected patients. These book

reviews were the basis for discussions that came later when the patients would break up into smaller groups. The author did not report any behavioral changes in these groups but concluded that bibliotherapy had possibilities as an agent for psychotherapeutic change.

Bibliotherapy has been used in the treatment of juvenile delinquents (Panken, 1947). The project was part of the probation conditions in a juvenile court system. Panken used what he called "A child's natural need for hero worship and his elaborate fantasy system" as a basis for a bibliotherapy program. Two books were assigned to a number of boys and girls. They were Puddinghead Wilson by Mark Twain and Abe Lincoln Grows Up by Carl Sandburg. While no specific data or procedures were given, the author states that the reading program was profitable. He found the percent of recidivism was lowest for those boys and girls involved in the bibliotherapy program.

The role of identification with characters in books has been considered by Brooks (1949). She was specifically interested in determining whether or not the reading of certain books and the identification with characters would have a deep-seated affect on a child. Children were selected in such a way as to get different age levels, developmental levels, and socio-economic classes. Fifty of the most popular fiction books for children were selected. Books were chosen which reflected current patterns of social experiences,

inter-personal relations and problems of youth. The effect of reading these books was studied in three ways: (1) a focused interview specifically on the book, (2) a story projective technique, and (3) a sociometric questionnaire. With each technique the subject was asked to reveal identification with, or rejection of, the characters in the book. They were also asked to attribute positive or negative qualities to the characters. Her findings suggested that developmental values in a book play a contributory role in shaping the personality of a child. She found that to be effective, the developmental values presented in the book must be appropriate to the developmental level of the subject. Finally, she found that cultural and socio-economic background have much to do with the kinds of responses made. It is difficult to assess this study since very little specific results were reported.

Tyson (1948) has reported the use of a questionnaire as a means to get information concerning bibliotherapy. In a first study the author sent a questionnaire to eight prominent psychoanalysts. The questions asked and responses were as follows:

1. Have you recommended mental hygiene literature for personal adjustment?

Often:	0
Occasionally:	3
Almost Never:	5

2. What result have you seen if you have recommended mental hygiene literature?

Helps Very Little: 3  
 Some Value: 5  
 Very Helpful: 0

3. If it helps how does it help most?

Reassurance: 7  
 Information: 5

4. Since there is a shortage of psychiatrists should bibliotherapy help out?

In certain, selected cases: 4  
 No Response: 4

5. In what field can reading for mental health help?

Preventative Mental Hygiene: 5  
 Minor Problems of "Normals": 5  
 Adjunct to Psychotherapy: 2

6. Do you distinguish between an individual requiring deep therapy who might misuse mental hygiene literature and one with mild mental problems who might make good use of it?

Yes: 6  
 No: 2

The author did not explain why on two questions there were twelve responses nor elaborate on his findings.

In a second study reported in the same paper (Tyson, 1948) a questionnaire on "self-help reading" was given to 124 female undergraduates at a university. The questions asked and responses made were as follows:

1. It seems to me that reading about personal adjustment has helped me. (five point scale)

Helped me a great deal: 13%  
 24%  
 32%  
 24%  
 Not helped me at all: 7%



2. Show the kind of reading that helped the most.

Textbook: 57%  
Magazines: 28%  
Popular books: 15%

3. The extent to which I generally worry about myself.  
(five point scale)

Very little: 8%  
22%  
36%  
26%  
Worry a great deal: 8%

4. How did your reading help you the most?

Information about my personality: 55%  
Ideas on how to get along better: 25%  
Reassurance, encouragement: 20%

In one of the more experimentally oriented studies conducted in the field of bibliotherapy, Heminghaus, (1954) wanted to determine the effects of prescribed reading on a group of eighth grade children. The study was based on the hypothesis that through the reading of books, suited to individual needs, bibliotherapy can help to modify attitudes in a desirable direction producing observable personal and social adjustment change. The first part of the experiment was to develop a bibliotherapy manual designed to be used by the teacher. The manual included information on the nature of personality, the role of reading information about personality, and methods of using bibliotherapy. Also included in the manual were titles of books, problem situations that might arise with reading, and a bibliography of books best suited for bibliotherapy (interest level and difficulty included).

Two groups of students were selected and equated for socio-economic background, mental ability, age, reading ability and the effectiveness, preparation, and experience of the teachers involved in the study. The experimental group was given a course of instruction based on the manual, and the control group was given the normal program of reading and guidance. Before the experimental procedure began, all subjects were given the California Test of Personality, the Rosenzeig Picture Frustration Study, and the Thematic Apperception Test. This pre-test condition showed no significant differences between the groups. After the experimental conditions were complete, a post test was given, consisting of the same three measures mentioned above. The post test showed changes in the experimental group in the direction of better personality and social adjustment. There was a greatly reduced incidence of aggressive feelings. Heminghaus reported an interesting finding that the control group showed changes in the direction of worse personality and social adjustment, and greatly increased incidence of aggressive feelings.

In outlining advantages of bibliotherapy, Appel (1944) reported the technique as being an important means of communicating information and knowledge to the patient. According to Appel, the greatest advantage of bibliotherapy was in the time it saved for the therapist. It also introduced the patient to a more objective and broad view of human

nature. Bibliotherapy helped to remove the personal factor in therapy and allowed the patient to discover things on his own. The final advantage of bibliotherapy according to Appel was that the patient can see that his problems were not necessarily unique and were shared by others. The major disadvantages were that patients not in the habit of reading, or those who can't read, had great difficulty with bibliotherapy. Severely disturbed individuals find it very difficult in concentrating sufficiently to gain a great deal from reading. The final disadvantage of bibliotherapy according to Appel was that a large proportion of mental patients are not able to read. Appel's experience suggested that bibliotherapy was most effective when the patient was self-motivated, e.g., when he came to the therapist and asked if there is something to read that might help his problem. Appel felt that such things as educational background, therapeutic needs, cultural, religious, and socio-economic background, and the intelligence of the patient would influence the effects of a bibliotherapeutic program. The author contended that bibliotherapy must remain highly individualized and based upon the person's specific needs and goals. Appel concluded by stating that while there are severe limitations to bibliotherapy, it holds a definite place in practical psychiatry and its value remains underestimated.

### Concepts of Depression

Depression is not a new phenomenon. It is a psychological problem that has been with us for over 3,500 years. Early accounts in the Old Testament relate the story of Job, a hard working person who reacted to misfortune with despair, self-effacing remarks, and somatic symptoms. Today depression ranks as one of the major mental health problems in the United States. In 1967, approximately ten percent of all diagnosed mental disorders were labeled "neurotic depression" (National Institute of Mental Health, 1969). This report also found that in 1967, depression was the third most frequent mental disorder. The importance of this disorder for psychological investigation is apparent and is of particular importance to the applied psychologist.

The Greeks conceptualized the etiology of meloncholia or depression as being an overabundance of black bile in the body fluids and in the brain. Drabken (1950) reported that Caelius Aurelis disputed the general belief and felt that the black bile was simply vomited through the esophagus. There seems to be ample proof that ancient physicians were able to identify a set of symptoms which they named meloncholia. They saw the manic excitement and depression related to each other. They identified the general predisposing personality types, and had some idea of the precipitating factors (Whitwell, 1936; Zilboorg, 1941). More recently the physiological emphasis of etiology has shifted to heredity

(Kallman, 1954) and other biochemical factors (Campbell, 1953; Gellhorn and Loofbourow, 1963; Funkenstein, 1955).

The descriptive German tradition, represented by Kraepelin (1912) and Bleuler (1911) played an important role in understanding the etiology, diagnosis, and prognosis of depression. Kraepelin (1912) viewed depression as developing gradually with progressively more severe symptoms. He observed the presence of anxiety in almost all depressives. Kraepelin described the depressed individual as one who lacked interest in the environment and who in general communicated an indifferent attitude towards others. He felt a basic premorbid symptom was an overly compulsive and rigid view of the world. Bleuler (1911) described depression as being a flat affective state in which the patient complains of having no emotions. Like Kraepelin, Bleuler made it clear that anxiety was invariably related to depression. The three major symptoms of all depressions, according to Bleuler were depressed mood, mental retardation, and inhibition of will. Lange (1928) reports that later German psychiatrists shifted the emphasis toward premorbid personality of specific patients who were diagnosed as depressives. There also was an increase in attention given to heredity and constitutional factors in these later writings.

With the twentieth century came an increased emphasis upon the individual psychodynamics and a de-emphasis upon simple description and group prognosis. Freud, (1917) made

some of the first attempts to observe systematically the disorder of depression. In this early paper can be seen the importance Freud and his associates put upon the loss of a loved object in the etiology of depression. Another writer in this tradition (Abraham, 1911) extended the idea of a lost loved object to include the introjection and incorporation of the lost loved object. For Abraham, the major etiological factors included the possibility of a constitutional factor, a severe injury to infantile narcissism due to many disappointments in love before the oedipal wishes have been overcome, and a fixation of libido at the oral level. The specific mechanisms of introjection and projection were elaborated upon by Klein (1948) and were connected with developmental stages named the "paranoid" and "depressive" positions. Jacobson (1953) considers depression as part of the larger manic-depressive diagnosis. Accordingly, depression is viewed basically as a psychotic illness. She sees depression developing not only from strictly psychological mechanisms but also from some unknown psychosomatic process. Criticism of the psychoanalytic tendency to concentrate on a single type of depression has been lodged by Bibring (1953). To Bibring, there is more than one predisposing constellation involved in the development of depression. Basically, he views depression as the result of tension in the ego between its narcissistic goals and its perceived inability to attain those goals. In many ways

Bibring stands alone in the psychoanalytic tradition by not ascribing aggression as the result of this tension.

Early American writings on depression emphasized more accurate clinical description (Roth, 1956, 1960; Lichtenberg, 1957; and Lehmann, 1959), investigations of the biological functions involved in depression (Cleghorn and Curtis, 1959; Cassidy et al., 1957; and Schmale, 1958), longitudinal studies of depressed patients (Hamilton, 1960), and experimental-observational investigation of the human infant (Engel and Riechman, 1956; and Board, 1957).

The behavioral, interpersonal characteristics of depression were identified by Rado (1928). He found that depressive behaviors could be used to manipulate other individuals. Cohen et al. (1954) emphasized the influence of pathological interaction patterns within the family upon depressive behavior. It was Cohen's contention that this pattern accounted for much of the interpersonal behavior of the depressed individual. In keeping with the American behavioral tradition, Ferster (1965) reported that a sudden shift or reduction in the schedule of reinforcements tended to restrict the range of interaction with others which in turn lead to depression. Lazarus (1968) extended Ferster's idea and conceptualized depression as a response to "inadequate or insufficient reinforcers." As Lewinsohn et al. (1969) point out, many of these interpersonal characteristics of depression are often neglected by psychological researchers. At the present

time Lewinsohn is involved in developing a theory and treatment procedures for depression using significant others from the environment, usually the family.

The final class of etiological factors which should be discussed are the "cognitive" aspects of depression. This view will be a basic theoretical premise of this investigation. It was Beck (1967) who conceived of the "core" of depression as a cognitive system consisting of three basic parts: a very negative self-concept, a negative view of the outside world, and a negative view of the future. Involved in these characteristics are perceptual and cognitive distortion. Cameron (1947) described the processes by stating that the individual transforms present occurrences in terms of the past. He referred to this process as reaction-sensitivity. Cameron stated that once a person acquires a system of threat expectancies, he will respond with increasing alertness to similar situations in his life. Kelly's concept of "personal constructs" (1955) can be seen as an extension of the concept of reaction-sensitivity. To Kelly, the individual comes to develop anticipatory cognitive attitudes, not only from threatening situations, but from situations in general. These attitudes or "constructs" become the major guiding, screening, and coding mechanism for the person as he reacts to the world in their terms. The individual interprets the world in such a way as to be consistent with his existing construct system.



The role of self-perpetuation and habits of language are obviously important within the above systems. Whorf (1956) has shown that the words we use transform our experiences so as to be consistent with the meanings of these words. The labels we give to our experiences can have a great deal to do with how we react to them. For example, the child who hears his parents describe a minor mishap as a "shattering experience" will tend to use the term himself in the future. Every setback in life may be seen as shattering because he has come to label it as such.

The importance of expectancies, reaction-sensitivity, and language habits lies in the fact that they tend to distort objective reality. The individual does not assess his world objectively but rather selectively distorts it to fit into his preconceived expectancies and habits. This distortion process successively channels more attention away from reality and towards the insignificant features of life.

Beck, (1963) illustrated this distortion of the present in terms of the past. He stated that "inexact labeling" of experience can contribute to the distortion of objective reality. The affective reaction is proportional to the descriptive labeling of the event rather than to the actual intensity of the situation. According to Beck, "selective abstraction" is the process of focusing on a detail taken out of context, ignoring more salient features of the situation, and conceptualizing the whole experience on the basis

of this single element. Once this distortion process has begun, the person will continually view the world unrealistically. The depressed person will view events, no matter how objectively "good" they are, as disheartening and devastating.

### The Present Study

The purpose of the present study was to evaluate the effectiveness of a specific treatment approach (bibliotherapy) on a specific behavioral problem (depressive behavior). Since there is little systematic research on bibliotherapy, the first phase of the study involved the distribution of a questionnaire to two hundred prominent psychotherapists throughout the United States. The questionnaire was designed to find out how extensively bibliotherapy was being used in the treatment of depressed clients (see Appendix A). One of the results of responses to the questionnaire was to find out what specific book was most often recommended for depressed clients. This book was then selected as the bibliotherapeutic agent for the second phase of the study. In this second phase, an experimental test was conducted to assess the relative effectiveness of the bibliotherapeutic agent in reducing reported depressive responses.

### Hypotheses

(1) Group I (bibliotherapeutic agent) would show a significantly greater reduction score than Group II (travelogue book).

(2) Group I would show a significantly greater reduction score than Group III (No treatment control).

(3) Group II would show a significantly greater reduction score than Group III.

In addition to the examination of the major hypotheses, it was hoped to give a post-experimental questionnaire to each subject (see Appendix D). No hypotheses were put forth concerning this questionnaire, but it was hoped that it would be used for correlational work and as an impetus for further research.

## CHAPTER II

### METHOD

#### Subjects

Subjects, Ss, for the study were selected from a larger pool of inmates at Montana State Prison, Deer Lodge, Montana. Each subject was required to spend 45 minutes of formal experiment time. Because the population of the prison consisted of only males, only male subjects were available for the study. There was considerable variation in the amount of time required by different subjects to read the prescribed books. A total of 45 Ss were used in the study. They were selected from the larger pool of 119 inmates who were originally tested. Since there was no research closely related to the present study, no appropriate error term was available to determine sample size.

The Ss were selected on the basis of their performance on the Depression Adjective Checklist (DACL), (Lubin, 1967). Subjects fulfilled the criteria of being depressed if they were within the upper 38% of the distribution originally tested. Subjects who scored below this criteria level were excluded from the study.

## Apparatus

The Depression Adjective Checklists. The Depression Adjective Checklists were developed with the intent of providing brief, reliable, and valid measures of self-reported depressive mood. Equivalent forms of the lists within each of two sets, (one for females and one for males) were developed so that use in repeated measure experiments would be possible. Forms E, F, and G were designed for, and validated on, male samples. Forms E and F were used in the present study. Each individual list within this set consists of 22 positive adjectives and 12 negative adjectives (see Appendix C).

Initial normative data was accumulated from a female adolescent delinquent group, a senior citizen group, and a student group made up largely of college students although some high school and graduate students were included. Cross validation of the lists was conducted on a psychiatric patient sample.

Internal consistency coefficients for Forms E, F, and G range from .79 to .87 with the split-half coefficients ranging from .83 to .87 on a normal sample and .86 to .90 on a patient sample.

Correlations between the three lists and the clinical scales of the MMPI were found to be positive and significant in all cases except for Pd, and MA for all three lists and list G in connection with Mf. It was also reported that all

comparisons between the psychiatric classification "Psychotic Depression" and the three lists were significant (Lubin, 1967).

### Procedure

Ss were selected by administering the DACL, Form E, to 119 inmates at Montana State Prison. Those individuals who did not meet the criteria of being depressed were eliminated from the study. It was explained that taking the test would make them eligible for possible inclusion in a study entitled "An Experiment in Reading." It was further stated to each subject that taking the test did not necessarily mean that he would be accepted into the experiment. The DACL has spaces for name, date, age, and years of school completed. Each subject was asked to fill out this information to facilitate further contact. This initial testing took place in an interview room at Montana State Prison on Wednesday, August 23; Thursday, August 24; and Friday, August 25. At that time each subject was told that he would be contacted further if he was to be included in the study. The second individual sessions were held on Wednesday, August 30; and Thursday, August 31. As subjects came to their second individual session they were assigned to a treatment group at random. This was accomplished through the use of a table of random numbers. At that time Ss in Groups I and II were given the prescribed reading and all groups were given the

appropriate instructions (see Appendix B). The third and final individual session was held on September 25, 1972. At this session all Ss were given Form E and F of the DACL.

A 3 x 1 factorial design was used in the study, (see Table I, page 26.) The three independent variables were the different levels of treatment, i.e., the bibliotherapeutic agent, the travelogue book, and the no-treatment control group. The two dependent variables were the reduction scores on Forms E and F of the DACL. The experiment was divided into two phases: the questionnaire distribution and the treatment phase.

Total approximate time that Ss were required to spend in the experiment included: (1) the length of time required for two testings -- the initial testing, using Form E, five minutes and the post-treatment testing, using Forms E and F, ten minutes; (2) the time for one individual session when prescribed reading was assigned and instructions were given taking fifteen minutes; and (3) a variable amount of time to read the prescribed materials. Total time approximated three hours.

TABLE I  
DESIGN OF THE EXPERIMENT

Bibliotherapeutic Agent	Travelogue Book	No Treatment Control
----------------------------	--------------------	-------------------------

Ss

I	II	III
---	----	-----



## CHAPTER III

### RESULTS

The first phase of the experiment involved the distribution of a questionnaire to two hundred prominent psychotherapists throughout the United States. Of the questionnaires sent out, thirty-four, or 17%, were returned because of inappropriate addresses, the death of the psychotherapist, etc. Sixty-six, or 33%, of the questionnaires were unanswered. Of the 100 questionnaires returned, 9% were not applicable, i.e., there was no response or it was incorrectly filled out; 58% gave a negative response, i.e., the psychotherapist was not using bibliotherapy as a means of treatment and was not using it in the treatment of depressives; 15% responded that they were not using bibliotherapy in the treatment of depressives but did use it in the treatment of other disorders. Only 18% of the one hundred questionnaires returned, stated that bibliotherapy was being used as a treatment device and as a means for the treatment of depressives. The book most often recommended as a first choice in the treatment of depressed clients was Man's Search for Meaning by Victor Frankl. An extensive bibliography of other books recommended was accumulated as a result of the questionnaire (see Appendix E, page 59).

The treatment phase of the study was conducted after an initial testing was done using Form E of the DACL. An analysis of variance was done on the raw scores of this testing. No significant differences were found between groups before the treatment began. In addition, analyses of variance were conducted on reduction scores in the post-treatment condition for both Forms E and F of the DACL. The reduction score reflects the differential reported depressive responses between the initial testing and the post-treatment testing, hence, a subject receiving a score of 18 on the first testing and 13 on the second testing would have a reduction score of 5. Since there was a significant difference for main effects of treatment, the Newman-Keuls procedure was undertaken for both Forms E and F of the DACL to determine the locus of difference among the various means. Summaries of the analyses of variance can be found in Table III, page 30; Table IV, page 31; and Table V, page 32. Summaries of the Newman-Keuls procedure can be found on Table VI, page 33; and Table VII, page 34.

Inspection of the analysis of variance on the raw scores for Form E of the DACL in Table III reveals no significant differences between the groups prior to treatment. This was done to insure that no group varied significantly from another group before the treatment phase began.

TABLE II  
MEANS OF VARIOUS GROUPS IN PRE AND  
POST TREATMENT CONDITIONS

	<u>Pre-Treatment</u>	<u>Post-Treatment</u>	
	(Form E)	(Form E)	(Form F)
Bibliotherapeutic Agent	18.13	8.60	9.66
Travelogue Book	18.40	13.60	14.16
No Treatment Control	16.40	15.06	15.26

TABLE III  
SUMMARY OF ANALYSIS OF VARIANCE ON INITIAL  
RAW SCORES (FORM E OF DACL)

Source	SS	df	MS	F
Between Groups (Treatment)	35.38	2	17.69	.45
Within Groups (Error)	1630.94	42	38.83	
Total	1666.32	44		

TABLE IV  
SUMMARY OF ANALYSIS OF VARIANCE ON REDUCTION  
SCORES (DIFFERENCE BETWEEN INITIAL SCORE  
ON FORM E OF DACL AND POST  
TREATMENT SCORE)

Source	SS	df	MS	F
Between Groups (Treatment)	508.31	2	254.15	4.95*
Within Groups (Error)	2153.47	42	51.27	
Total	2661.78	44		

\*p < .05

TABLE V  
 SUMMARY OF ANALYSIS OF VARIANCE ON REDUCTION  
 SCORES (DIFFERENCE BETWEEN INITIAL SCORE ON  
 FORM E OF DACL AND POST TREATMENT  
 SCORE ON FORM F OF DACL)

Source	SS	df	MS	F
Between Groups (Treatment)	330.5	2	165.25	4.36*
Within Groups (Error)	1592.7	42	37.92	
Total	1923.2	44		

\*p < .05

TABLE VI  
SUMMARY OF NEWMAN-KEULS PROCEDURE FOR MAIN EFFECTS OF  
TREATMENT (MEAN REDUCTION SCORES FOR FORM E OF DACL)

	No Treatment Control (1.33)	Travelogue Book (4.80)	Bibliotherapeutic Agent (9.53)
No Treatment Control (1.33)	---	3.47	8.20*
Travelogue Book (4.80)		---	4.73
Bibliotherapeutic Agent (9.53)			---

\*P < .05

TABLE VII  
SUMMARY OF NEWMAN-KEULS PROCEDURE FOR MAIN EFFECTS OF  
TREATMENT (MEAN REDUCTION SCORES FOR FORM F OF DACL)

	No Treatment Control (2.06)	Travelogue Book (4.00)	Bibliotherapeutic Agent (8.53)
No Treatment Control (2.06)	---	1.94	6.47*
Travelogue Book (4.00)		---	4.53*
Bibliotherapeutic Agent (8.53)			---

\*p < .052



The ANOVA on reduction scores for the initial testing of Form E of the DACL and the post-treatment testing of Form E, summarized in Table IV, reveals a significant difference between groups. The Newman-Keuls procedure summarized in Table VI indicates that there was no significant difference in the reduction of reported depressive responses between the travelogue group and the no treatment control group. It further shows that there was no significant difference in reduction scores between the bibliotherapeutic group and the travelogue group ( $p < .05$ ). Finally, the procedure indicates that there was a significant difference between the bibliotherapeutic group and the no treatment control group.

The analysis of variance on reduction scores, summarized in Table V, indicates the same pattern of significance as was seen in Table IV. It showed a significant difference between groups. The Newman-Keuls procedure, summarized on Table VII, indicates a somewhat different pattern of reduction scores using Form F of the DACL. As was the case with Form E, there was no significant difference in reduction scores between the travelogue group and the no treatment control group. A significant difference between the bibliotherapeutic and no treatment control group was found ( $p < .05$ ). In addition, a significant difference in reduction scores was found between the bibliotherapeutic and travelogue groups ( $p < .052$ ).

These results suggest a relationship between reading of the bibliotherapeutic agent and reduction in reported depressive responses. The group receiving the bibliotherapeutic agent was significantly different than a group not receiving a book. The results also suggest that there was a significant difference between a group receiving the bibliotherapeutic agent and a group receiving a travelogue group. Further, a group receiving no treatment was not significantly different from a group receiving a travelogue book relative to reduction in reported depressive responses.

Because of reasons concerning time economy and inappropriateness, the post-experimental questionnaire was not administered. Since the study was conducted in a maximum security prison, time away from a job became a consideration. To insure cooperation from prison officials it was decided to exclude the relatively time consuming questionnaire.

Examination of the results for the Newman-Keuls procedure was used for hypotheses testing. This allowed for direct comparison among means of the various groups. Values were cast in terms of mean reduction scores for both Forms E and F of the DACL.

The first hypothesis stated that the group receiving bibliotherapeutic treatment (Group I) would have a significantly greater reduction score than the group receiving a travelogue book (Group II). The results indicate that these two groups did differ significantly from one another. It

might be mentioned that in the post-treatment testing using Form F of the DACL the value was 4.53 when the critical cut-off value for significance with two rank ordered means was 4.54 ( $p < .05$ ) in 42 degrees of freedom. Hence, the reduction was significant at the .052 level and the first hypothesis was supported.

The second hypothesis was that the group receiving bibliotherapeutic treatment (Group I), would show a significantly greater reduction score than the no treatment control group (Group III). The results show that Group I did have significantly greater reduction scores ( $p < .05$ ) than Group III. Hence, the second hypothesis was supported.

The third hypothesis stated that the group receiving the travelogue book (Group II), would show significantly greater reduction scores than the no treatment control group (Group III). As a matter of fact, Group II did not show significantly greater reduction scores. Consequently, the third hypothesis was not supported.

Hypothesis I was supported based on the experimental results. The hypothesized significantly greater reduction score of the bibliotherapeutic agent group relative to the travelogue book group was noted. The second hypothesis was also supported based on experimental results. The bibliotherapeutic agent group did show significantly greater reduction scores than the no treatment control group. Hypothesis III was not supported based on the results of the experiment. The travelogue

book group did not show significantly greater reduction scores than the no treatment control group.

## CHAPTER IV

### DISCUSSION

The results of the study can be briefly summarized in the following manner: there was a significant difference found in reduction of reported depressive responses between a group receiving the bibliotherapeutic agent and a group receiving no treatment. A significant difference was found between the bibliotherapeutic agent group and the travelogue book group. In addition, no significant difference was found between the travelogue book group and the no treatment control group.

The first phase of the study was to distribute a questionnaire to two hundred prominent psychotherapists across the United States. One of the reasons for distributing this questionnaire was to find out what specific book was most often recommended as a first choice in the treatment of depressives. While Man's Search for Meaning by Victor Frankl was the book most often recommended as the first choice, a number of other books were quite close in the final tally (see Appendix E). Prior to the beginning of the experiment, it was decided to use the book most often recommended by the respondents as the bibliotherapeutic

agent in the second phase of the experiment. An added benefit of the responses to the questionnaire is that it offers to practicing clinicians a relatively extensive bibliography of books being used in the treatment of depressed clients.

The major purpose of the second phase of the experiment was to evaluate the relative effectiveness of the bibliotherapeutic agent relative to a group receiving a travelogue book and a group designated as a no treatment control group. The findings of the experiment suggest that reading the bibliotherapeutic agent is more beneficial in reducing reported depressive responses than simple passage of time. The results also suggest that reading the bibliotherapeutic agent does differ significantly from reading the travelogue book in reduction of reported depressive responses. Since there is no prior research that deals with these questions, a number of hypotheses may be put forth to account for these interesting findings. The first possible explanation may be that it is more the content of reading material that is beneficial than it is the whole process of reading. This hypotheses rises out of the fact that the book empirically defined as therapeutic (the bibliotherapeutic agent) was found to differ significantly from a book that was defined as relatively innocuous (the travelogue book), in reducing reported depressive responses. Perhaps there is something about a person reading specific material rather than reading per se, that is therapeutic. Again it must be emphasized

that there is no prior research to support this hypothesis and as a result it must remain tentative in nature.

Another possible explanation of the findings is that there is something unique about the travelogue book selected that made it uniquely non-therapeutic to the sample used in this study. While there was some empirical justification for using the bibliotherapeutic agent (the responses to the questionnaire), there was none for the selection of the travelogue book. Before the study began, the experimenter stated that a book would be selected as a control for placebo effects that intuitively seemed non-therapeutic. The book chosen was entitled The Southeast by Herbert Zim and described the plant life, animal life, the natural resources, standard of living, etc. of the Southeast section of the United States. After the study was complete, a number of subjects approached the experimenter to tell him how much they enjoyed this particular reading. The post-experimental questionnaire dealt with this, and other questions, but was unable to be given because of economy of time.

A third hypothesis that might be stated was that there was something unique about the sample used that made the travelogue book significantly different from the bibliotherapeutic agent. Inmates of a maximum security prison may find reading of other places in the United States, uniquely non-therapeutic. It must be remembered that the travelogue book group did not differ significantly from the no treatment

control group. While a reduction in reported depressive responses was noted, it was not a statistically significant reduction.

A general consideration unique to the sample is varying reading abilities. While assessing relative reading levels of both the prescribed material and the subjects, was not feasible in the present study, such a procedure might be worthwhile for further research in the area. It seems of worth to mention that an "Experiment in Reading" may mean different things to different people. It seems reasonable to conclude that an individual with weaknesses in reading would feel more threatened by such an experiment, than a subject who reads a great deal and is proficient at it. In addition, those subjects who have had more formal education may very well react differently to a task in reading than those who have had very little formal training. An individual with some education may feel a greater need to "do well" for the experimenter and to perform at a high level in a task involving reading which is often identified with education.

Much more research can and should be conducted in the field of bibliotherapy. The three hypotheses put forth to explain the results of the study may also be seen as leads for further research in the area. First, future research might look more closely at the distinction between reading content and reading process. More intensive investigation



into these areas might illuminate and expand the present findings more fully. Second, a study could be conducted to investigate the relative effectiveness of different kinds of travelogue books. It is conceivable that specific kinds of travelogue books may be more beneficial than others in reducing depressive responses. Third, more study is needed using bibliotherapy with different kinds of subjects. The present study was conducted using a relatively unique sample of subjects and it would be worthwhile to find out if the same pattern of findings would occur using a college or outpatient sample. It would also seem worthwhile to test the relative effectiveness of other books recommended by psychotherapists in the questionnaire used in the present study. It seems reasonable to assert that different books would be found to be more or less effective in the treatment of depressives depending on their special needs. Finally, additional investigation seems indicated with other behavioral problems. While depression was selected in the present study, it is quite possible that bibliotherapy may be even more effective in the treatment of other disorder classifications.

## CHAPTER V

### SUMMARY

The present study was designed to look at the relative effectiveness of a bibliotherapeutic agent in reducing reported depressive responses. The first phase of the study involved distributing a questionnaire to two hundred prominent psychotherapists in the United States. The purpose of the questionnaire was to find out how extensively bibliotherapy was being used in the treatment of depressives and to identify the book most often recommended as the first choice in such treatment. The responses to the questionnaire indicated that Man's Search for Meaning by Victor Frankl was the book most often selected as the first choice. The second phase of the study experimentally tested the effectiveness of this book (the bibliotherapeutic agent), against a travelogue book (the attention placebo group) and a no treatment control group.

An analysis of variance conducted on the initial raw scores for Form E of the Depression Adjective Checklists (DACL) showed no significant differences between the groups before treatment began. Analyses of variance conducted in the post-treatment condition on Forms E and F of the DACL showed significant main effects for treatment.

The Newman-Keuls procedure showed no significant differences between the travelogue book group and the no treatment control group. The Newman-Keuls procedure conducted on Form F of the DACL in the post-treatment condition showed a significant difference between the bibliotherapeutic agent group and the travelogue book group. Finally, the procedure conducted on Forms E and F of the DACL showed significant differences between the bibliotherapeutic agent group and the no treatment control group.

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## APPENDIX A



Questionnaire Sent to Two Hundred Psychotherapists  
in the United States

Name: \_\_\_\_\_

Please answer the following questions briefly:

1. Have you or are you using bibliotherapy as a means of psychotherapy? (circle one)

Yes

No

2. Are you using bibliotherapy in treatment of depressives? (circle one)

Yes

No

3. If yes, what specific books are you prescribing for depressed patients? (Title and Author, if possible)

(1) First Choice \_\_\_\_\_

(2) Second Choice \_\_\_\_\_

(3) Third Choice \_\_\_\_\_

Letter Sent to Two Hundred Psychotherapists  
in the United States

Dear Dr. \_\_\_\_\_:

I am presently in the beginning stages of a research project on bibliotherapy. Because of the lack of research in this area, I am in need of your assistance to help formulate my ideas. I will use the information you give me as a basic part of the study.

I have enclosed a form with a few questions dealing with bibliotherapy. Please fill out this form and return it in the self-addressed stamped envelope also provided.

A prompt response and your cooperation would be greatly appreciated. Thank you for your consideration in this matter.

Respectfully yours,

Thomas R. Zentner

**APPENDIX B**

### Treatment Instructions

For all groups. This experiment involves your ability to read and comprehend printed material. You will be asked to read a specific book and to later give me your impressions of it. It will be of great importance to read the book assigned to you carefully and to get as much out of it as you can. The book has been selected in such a way as to not be extremely difficult and not to take a great deal of your time. We want to measure how well you read and to what degree you understand the material presented in the book. Since this book has been assigned to many other people, we have an idea of what constitutes a high or low ability level of reading comprehension. By comparing your results with the norms already established, we can get some idea where you stand in terms of reading ability. Obviously, in order for us to assess these abilities in you, you must be willing to faithfully read the book assigned to you.

For group III. The book to be assigned to you has not yet been selected. It appears as though it will be approximately one month before we can begin. I ask you to go about your daily business and to wait to hear from me in the next three to four weeks. This does not mean that you will lose the credits offered to you for the experiment; it only means a slight delay before actually getting underway.

## APPENDIX C

# CHECK LIST

DACL FORM E

56

By Bernard Lubin

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Date \_\_\_\_\_ Highest grade completed in school \_\_\_\_\_

**DIRECTIONS:** Below you will find words which describe different kinds of moods and feelings. Check the words which describe How You Feel Now - - Today. Some of the words may sound alike, but we want you to check all the words that describe your feelings. Work rapidly and check all of the words which describe how you feel today.

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Unhappy    | 18. <input type="checkbox"/> Well       |
| <input type="checkbox"/> Active     | 19. <input type="checkbox"/> Apathetic  |
| <input type="checkbox"/> Blue       | 20. <input type="checkbox"/> Chained    |
| <input type="checkbox"/> Downcast   | 21. <input type="checkbox"/> Strong     |
| <input type="checkbox"/> Dispirited | 22. <input type="checkbox"/> Dejected   |
| <input type="checkbox"/> Composed   | 23. <input type="checkbox"/> Awful      |
| <input type="checkbox"/> Distressed | 24. <input type="checkbox"/> Glum       |
| <input type="checkbox"/> Cheerless  | 25. <input type="checkbox"/> Great      |
| <input type="checkbox"/> Lonely     | 26. <input type="checkbox"/> Finished   |
| <input type="checkbox"/> Free       | 27. <input type="checkbox"/> Hopeless   |
| <input type="checkbox"/> Lost       | 28. <input type="checkbox"/> Lucky      |
| <input type="checkbox"/> Broken     | 29. <input type="checkbox"/> Tortured   |
| <input type="checkbox"/> Good       | 30. <input type="checkbox"/> Listless   |
| <input type="checkbox"/> Burdened   | 31. <input type="checkbox"/> Safe       |
| <input type="checkbox"/> Forlorn    | 32. <input type="checkbox"/> Wilted     |
| <input type="checkbox"/> Vigorous   | 33. <input type="checkbox"/> Criticized |
| <input type="checkbox"/> Peaceful   | 34. <input type="checkbox"/> Fit        |

# CHECK LIST

DACL FORM F

57

By Bernard Lubin

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Date \_\_\_\_\_ Highest grade completed in school \_\_\_\_\_

**DIRECTIONS:** Below you will find words which describe different kinds of moods and feelings. Check the words which describe How You Feel Now - - Today. Some of the words may sound alike, but we want you to check all the words that describe your feelings. Work rapidly and check all of the words which describe how you feel today.

- |   |  |
|---|--|
| <input type="checkbox"/> Sorrowful        | 18. <input type="checkbox"/> Successful  |
| <input type="checkbox"/> Lively           | 19. <input type="checkbox"/> Rejected    |
| <input type="checkbox"/> Uneasy           | 20. <input type="checkbox"/> Crestfallen |
| <input type="checkbox"/> Tormented        | 21. <input type="checkbox"/> Jolly       |
| <input type="checkbox"/> Low - spirited   | 22. <input type="checkbox"/> Deserted    |
| <input type="checkbox"/> Clean            | 23. <input type="checkbox"/> Grieved     |
| <input type="checkbox"/> Discouraged      | 24. <input type="checkbox"/> Low         |
| <input type="checkbox"/> Suffering        | 25. <input type="checkbox"/> Steady      |
| <input type="checkbox"/> Broken - hearted | 26. <input type="checkbox"/> Wretched    |
| <input type="checkbox"/> Easy - going     | 27. <input type="checkbox"/> Terrible    |
| <input type="checkbox"/> Downhearted      | 28. <input type="checkbox"/> Inspired    |
| <input type="checkbox"/> Washed Out       | 29. <input type="checkbox"/> Woeful      |
| <input type="checkbox"/> Playful          | 30. <input type="checkbox"/> Unworthy    |
| <input type="checkbox"/> Joyless          | 31. <input type="checkbox"/> Joyous      |
| <input type="checkbox"/> Despairing       | 32. <input type="checkbox"/> Destroyed   |
| <input type="checkbox"/> Gay              | 33. <input type="checkbox"/> Somber      |
| <input type="checkbox"/> Friendly         | 34. <input type="checkbox"/> Unconcerned |

## APPENDIX D



Post Experimental Questionnaire

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Did you enjoy the reading assigned to you? (circle one)

Yes                  No

Do you feel that the reading helped you in anyway? (circle one)

Yes                  No

If so, how did the reading help you the most? (please check one)

Information about my personality \_\_\_\_\_

Ideas on how to get along better \_\_\_\_\_

Reassurance and encouragement \_\_\_\_\_

If you had the opportunity, would you read the same sort of material for personal help in the future? (circle one)

Yes                  No

Using the scale below, mark an "X" to indicate how depressed you think you are compared with other college students.

/   /   /   /   /   /   /   /   /   /   /  
0   10   20   30   40   50   60   70   80   90   100

Below  
Average

Average

Above  
Average

How do you feel about the experiment as a whole?

## APPENDIX E

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\*These numbers indicate the times the book was recommended as the first choice in the treatment of depressives. If not marked, this means the book was mentioned only once as the first choice.

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